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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000013798

WALCO LITHLITIES, INC.

incipal Place of Business	Mailing Address
39 witten road Cksonville FL 32254	5639 WITTEN ROAD JACKSONVILLE FL 32254

FILED Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90158 047 ***150.00



	JULIUES, INC.								
Principal Place	of Business	Mai	iling Address						
5639 WITTEN ROAD 5639 WITTEN ROAD									
JACKSONVILLE FL 32254 JACKSONVILLE FL 32254						DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed		
							02/10/1997		
- B : 101	of Dunings	2a	Mailing Address				4. FEI Number Applied Fo		
	ace of Business	26					59-3430773 Not Applic	_	
Suite, Apt. #	# etc	- 201	Suite, Apt. #, etc.				5. Certificate of Status Desired	nal	
22	., 0.0.	27							
City & State	9		City & State				6. Election Campaign Financing Added to Fees Added to Fees		
23		28					Trust Fulla Contribution		
Zip	Country	<u> </u>	Zip Country				8. This corporation owes the current year Intangible Personal Property Tax.		
24	25	29		30			10. Name and Address of New Registered Agent		
	9. Name and Address of Cur	rent Regis	tered Agent		81	Name	10. 10.	- 1	
004	DENNIC			Į			N. A. A. A. Contable		
ECON	I, DENNIS B WITTEN ROAD			1	82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
3038	KSONVILLE FL 32254			-	83				
JACI	MOOMAILLE I L DEEDA						85 Zip Code		
				ì	- 1	City	FL T		
11. Pursuant office or ragent. I a	to the provisions of Sections 607, registered agent, or both, in the Stam familiar with, and accept the ob	0502 and 6 ate of Florid ligations of	, Section 607.0505, Flo	orida Statu	ités.	·	oration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registere	ed	
SIGNATURE	Signature, typed or printed name of registered	agent and title	/ Facility (NOT)	E. Begistered	Agent s	signature required	d when reinstating) DATE		
		ugun and	r applicable. (NOTI	L. Rogistore	<u> </u>		TO OFFICERS AND DIRECTORS IN	112	
12.	OFFICERS	AND DIRE	CTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	1 12 Addition	
12.	OFFICERS	AND DIRE		13.	TLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	I 12_ Addition	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: